



Building Relationships since 1964

DURAND BUILDERS SERVICE, INC.

HOMETOWN BUILDING CENTER

A Drug & Alcohol Free Work Place

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Application Acknowledgment Form

Thanks for your interest in Durand Builders Service, Inc. Please fill out the attached employment application. Durand Builders Service, Inc. tests all applicants for drugs and/or alcohol after a conditional offer of employment is made. If you are given a conditional offer from Durand Builders Service, Inc., you will be subject to a drug and/or alcohol test.

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

Please type or print, and answer all questions.

PERSONAL INFORMATION

NAME _____ **DATE** _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ **DAY:** () _____
EVENING: () _____ **ARE YOU 18 YEARS OR OLDER?** YES NO

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? YES NO
 If the job desired requires the use of a motor vehicle, do you have a valid Wisconsin driver's license? YES NO
 If the job desired requires the use of a commercial driver's license, do you have a valid commercial driver's license? YES NO
 Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? YES NO
*If yes, please provide further information as to the offense (s), date, location of court, and so forth.
 If the job you are applying for requires you to operate a motor vehicle, include traffic convictions.
 (We will consider your record only as it may substantially relate to the job for which you are applying.)*

EMPLOYMENT DESIRED

POSITION _____ **DATE YOU CAN START** _____ **SALARY DESIRED** _____

ARE YOU EMPLOYED NOW? _____ **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ **IF SO, WHEN?** _____

EDUCATION AND TRAINING

(This information will be used only where relevant and to assist in determining what positions might be appropriate for consideration.)

EDUCATION	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

Describe any other training or apprenticeship programs you consider relevant to the position for which you are applying.

WORK EXPERIENCE / FORMER EMPLOYERS

Please provide complete information. Be specific. Start with your current or most recent job. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	From (Month & Year)	To (Month & Year)
	Total Time Employed	Last Rate of Pay
	Reason for Leaving	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	From (Month & Year)	To (Month & Year)
	Total Time Employed	Last Rate of Pay
	Reason for Leaving	

Employer	Street Address	
Your Title	City, State, Zip	
Your Duties:	Phone	Name of Supervisor
	From (Month & Year)	To (Month & Year)
	Total Time Employed	Last Rate of Pay
	Reason for Leaving	

Describe any other employment experiences you consider relevant to the position for which you are applying.

REFERENCES (PERSONS NOT RELATED TO YOU)

NAME	ADDRESS	TELEPHONE NUMBER	BUSINESS	YEARS ACQUAINTED

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek, verify, and supplement the information set forth in the application and to conduct an investigation of my credit. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with this employer is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time without prior notice for any reason, or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that this application will be considered inactive after thirty days.

I understand that part of my application for employment will include the Pre-Employment Drug Testing Policy and Agreement.

I understand that if my application is accepted and I am offered employment, the employer may condition employment upon the successful completion of a physical or medical exam.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____

Applicant's Signature: _____